

APPLICATION FOR
NAVY CONTRACT POSITIONS
JUNE 28, 2002

THIS IS NOT A CIVIL SERVICE POSITION

I. IMPORTANT INFORMATION: CUTOFF DATE AND TIME FOR RECEIPT OF APPLICATIONS IS 3:00 PM EST ON OR BEFORE JULY 18, 2002. SEND OR EMAIL YOUR APPLICATION TO THE FOLLOWING ADDRESS:

NAVAL MEDICAL LOGISTICS COMMAND
ATTN: Code 02 (Joanne Keyser)
1681 NELSON STREET
FORT DETRICK MD 21702-9203
Email: JMKeyser@us.med.navy.mil
Phone: (301) 619-2138

A. NOTICE. This position is set aside for individual Pharmacy Technicians. Applications from companies will not be considered; additionally, applications from active duty Navy personnel, civilian employees of the Navy, or persons currently performing medical services under other Navy contracts will not be considered without the prior approval of the Contracting Officer.

B. POSITION SYNOPSIS.: PHARMACY TECHNICIAN. The Government is seeking to place under contract, an individual who has (a), graduated from a Pharmacy Technician program accredited by the American Society of Hospital Pharmacists (ASHP) such as the Pharmacy Technician Certification Board, or (b), completed a formal (i.e. technical or hospital based program) pharmacy technician training program) or (c), has at least 3 years experience as a pharmacy technician. This individual must also (1) meet all the requirements contained herein; and (2), competitively win this contract award (See Sections D. and E.).

Services shall be provided at *U. S. Naval Hospital, Okinawa, Japan (including Branch Clinics)*

You shall be on duty 80 hours per two week period; between the hours of 0730 and 1630. You shall normally provide services for an 8.5 or 9 hour period (to include an uncompensated .5 or 1 hour for lunch depending on shift length), Monday through Friday, **however you may be required to work rotating shifts to support a 24 hour, seven day a week pharmacy service.** In no instance shall you be required to work in excess of 80 hours per two week period. Specific hours shall be scheduled one month in advance by the Commanding Officer; changes requiring rotating shifts as described above will also be scheduled one month in advance. Any changes in the schedule shall be coordinated between you and the Government. You shall arrive for each scheduled shift in a well rested condition and shall have had at least six hours of rest from all other medical duties.

You shall accrue **eight** hours of **personal** leave (vacation) at the end of every 2 week period worked. Your services shall not be required on the following federally established paid holidays: New Year's Day, Martin Luther King's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day. You shall be compensated by the Government for these periods of planned absence. This position is for a period beginning from the start date, (a date agreed upon by the successful applicant and the Government), through 30 September of the same fiscal year with options to extend the contract for a total of five years. The contract will be renewable each fiscal year at the option of the Navy.

If you are the successful applicant, the Contracting Officer will mail you a formal government contract for your signature. This contract will record the negotiated price, your promise to perform the work described above, how you will get paid, how and by whom you will be supervised, and other rights and obligations of you and the Navy. Since this will be a legally binding document, you should review it carefully before you sign it.

II. STATEMENT OF WORK

A. The use of "Commanding Officer" means: Commanding Officer, U.S. Naval Hospital, Okinawa, Japan or designated representative, e.g. Contracting Officer Representative, Technical Liaison, or Department Head.

B. SUITS ARISING OUT OF MEDICAL MALPRACTICE. The health care worker(s) is (are) serving at the military treatment facility under a personal services contract entered into under the authority of section 1091 of Title 10, United States Code. Accordingly, section 1089 of Title 10, United States Code shall apply to personal injury lawsuits filed against the health care worker(s) based on negligent or wrongful acts or omissions incident to performance within the scope of this contract. You are not required to maintain medical malpractice liability insurance

Health care workers providing services under this contract shall be rendering personal services to the Government and shall be subject to day-to-day supervision and control by Government personnel. Supervision and control is the process by which the individual health care worker receives technical guidance, direction, and approval with regard to a task(s) within the requirements of this contract.

C. Duties and Responsibilities. You shall perform a full range of pharmacy technician duties, within the scope of this statement of work, on site using government furnished supplies, facilities and equipment.

Administrative and Training Requirements:

1. Provide training and /or direction to supporting government employees assigned to you during the performance of clinical procedures. Such direction and interaction will adhere to government and professional clinical standards and accepted clinical protocol. Participate in clinical staff quality assurance functions at the prerogative of the Commanding Officer. You may be required to maintain statistical records of your clinical workload.
2. Participate in monthly meetings to review and evaluate the care provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist. Should a meeting occur outside of your regular working hours, you shall be required to read and initial the minutes of the meeting.
3. Participate in the provision of monthly inservice training to non-healthcare-practitioner members of the clinical and administrative staff on subjects germane to pharmacy services.
4. Attend annual renewal of the following Annual Training Requirements provided by the MTF: family advocacy, disaster training, infection control, Sexual Harassment, Bloodborne Pathogens and Fire Safety.
5. Participate in the implementation of the Hospital's Family Advocacy Program as directed.
6. Assist in maintaining medical records, respecting confidentiality and standard MTF protocols.
7. Attend Composite Healthcare System (CHCS) training provided by the Government for a minimum of four (4) hours, and up to a maximum of 40 hours.
8. Attend all annual retraining classes required by this command, to include Basic Life Support Level C (BLS-C) Certification.
9. Obtain certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent. This training and certification will be provided by the Navy.

Clinical Services. Your clinical activity will be a function of the overall demand for pharmacy technician services. Your productivity is expected to be comparable to that of other pharmacy technicians assigned to the same facility and authorized the same of practice. Routine workload is scheduled by the treatment facility. Primary workload is related to the provision of medical care by staff health care providers through written or verbal orders. Secondary workload is the result of consultation requests submitted to the Pharmacy Department by government staff practitioners. You shall have full responsibility for maintenance and delivery of comprehensive applicable pharmacy technician services within the personnel and equipment capabilities of the facility, and for the quality and timeliness of record preparation and reports indicated to document care and procedures provided.

1. You shall provide the following services in the Outpatient/Branch Clinic Division:

Pharmaceutical Dispensing. Duties shall include:

- Filling New Outpatient Prescriptions
- Refilling Prescriptions
- Entering Orders into databases

Drug Information Consultations. Duties shall include:

- Supporting New and Refill Prescriptions
- Supporting Patient Requests
- Supporting Physicians Requests
- Monitoring for Drug Interactions
- Reporting Adverse Drug Reactions (ADRs)

Quality Improvement. Duties shall include:

- Performing Drug Storage Inspection (Ward Clinics)
- Reviewing Expired Supplies
- Producing Error and Workload Reports and documentation

2. You shall provide the following services in the Supply Division:

- Placing New Orders
- Stocking/Restocking Shelves
- Performing Inventory Maintenance
- Performing Quality Improvement Activities
- Performing Drug Storage Inspections
- Reviewing Expired Supplies
- Producing Not in Stock (NIS) Reports
- Producing Workload Reports

3. You shall provide the following Administrative Services:

- Attending Boards and Committees
- Ordering Supplies
- Attending Pharmacy Staff Meetings

4. You shall provide the following Quality Assurance Functions:

- Performing Drug Storage Space Inspections
- Reviewing Expired Supplies

ADDITIONAL DUTIES:

1. Interpret physicians' order and perform necessary steps to input, fill and dispense prescriptions within the parameters established by the Pharmacy Policy and Procedures Manual.
2. Review and prepare orders for intravenous additive solutions, utilizing sterile technique and in accordance with infection control procedures.

3. Assemble drugs and supplies for distribution to the Primary Care Center (PCC).
4. Answer routine questions concerning proper administration and use of medications, drug interactions and incompatibilities, availability of drugs, and unit of use. Convey necessary information to the hospital staff and/or patients to ensure correct use.
5. Maintain adequate levels of working stock, ensuring that all supplies are properly stored, and advise supply personnel of any shortages of medications or supplies.
6. Check drug supplies to ensure that medications are in date and properly maintained.
7. Accurately maintain the required records and accountability documents reflecting the issuance and receipt of narcotic and controlled substances.
8. Implement all departmental policies and procedures and participate in quality assurance activities.
9. Assist pharmacists in providing guidance and training for pharmacy technicians students and inexperienced technicians.
10. Maintain satisfactory conditions of cleanliness throughout the Pharmacy Department.

D. MINIMUM PERSONNEL QUALIFICATIONS. To be qualified for this position you must:

1. Be either (a), a graduate of a Pharmacy Technician program accredited by the American Society of Hospital Pharmacists (ASHP) such as the Pharmacy Technician Certification Board or (b), have successfully completed a formal (i.e. technical or hospital based program) pharmacy technician training program, or (c), 3 years experience as a pharmacy technician.
2. Have a working knowledge of pharmacy computer systems such as the Navy CHCS Computer System.
3. Provide letters of recommendation from two practicing pharmacists or pharmacy supervisors attesting to your clinical skills. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Letters of reference must have been written within the preceding 5 years.
4. Be eligible for U.S. employment. Provide copies of supporting documentation per Attachment #3.
5. Represent an acceptable malpractice risk to the Navy.
6. Submit a fair and reasonable price which has been accepted by the Government.

E. FACTORS TO BE USED IN A CONTRACT AWARD DECISION. If you meet the minimum qualifications listed in the paragraph above entitled, "Minimum Personnel Qualifications" you will be ranked against all other qualified applicants using the following enhancing criteria, listed in descending order of importance. The "Personal Qualification Sheet", Letters of Recommendation, and, if you have prior military services, the Form DD214, shall be used to evaluate these items.

1. Experience and training as it relates to the duties contained herein, then,
2. The letters of recommendation required in item D.3, above, may enhance your ranking if they address such items as clinical skills, professionalism, or specific areas of expertise, etc., then,
3. Prior medical experience in a DoD facility, then,
4. Additional medical Certifications or Licensure, then,

5. Total Continuing Education hours, then.

6. Certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent.

F. INSTRUCTIONS FOR COMPLETING THE APPLICATION. To be qualified for this contract position, you must submit the following:

1. _____ Two copies of completed "Personal Qualifications Statement – Pharmacy Technician" (Attachment 1).
2. _____ One copy of completed Pricing Sheet (Attachment 2).
3. _____ Two copies of proof of employment eligibility (Attachment 3).
4. _____ Two copies of two letters of recommendation per paragraph D.3., above.
5. _____ One copy of Central Contracting Registration Confirmation Sheet (Attachment 4)
6. _____ One copy of Small Business Representation (Attachment 5)

*Please answer every question on the " Personal Qualifications Statement – Pharmacy Technician ". Mark "N/A" if the item is not applicable.

G. Other Information for offerors.

Frequently asked questions about Individual Set-Aside (ISA) requirements are answered in the ISA HANDBOOK available at <http://www-nmlc.med.navy.mil> under Contractor Employment Opportunities/Information.

After your application is reviewed, the Government will do at least one of the following: (1) Call you to negotiate your price, or (2) Ask you to submit additional papers to ensure you are qualified for the position, (3) Send you a letter to tell you that you are either not qualified for the position or that you are not the highest qualified individual, or (4) Make contract award from your application. If you are the successful applicant, the contracting officer will mail to you a formal government contract for your signature. This contract will record the negotiated price, your promise to perform the work described above, how you will be paid, how and by whom you will be supervised, and other rights and obligations of you and the Navy. Since this will be a legally binding document, you should review it carefully before you sign.

PLEASE NOTE: As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving a Department of Defense (DoD) contract. You may register in the CCR through the World Wide Web at <http://www.ccr2000.com>. This website contains all information necessary to register in CCR.

You will need to obtain a DUNS (Data Universal Numbering System) number prior to registering in the CCR database. This DUNS number is a unique, nine-character company identification number. Even though you are an individual, not a company, you must obtain this number. You may do so by calling Dun and Bradstreet at 1-800-333-0505.

The CCR also requires several other codes as follows:

CAGE Code: A Commercial and Government Entity (CAGE) code is a five-character vendor ID number used extensively within the DoD. If you do not have this code, one will be assigned automatically after you complete and submit the CCR form.

US Federal TIN: A Taxpayer ID Number or TIN is the same as your Social Security Number.

NAICS Code: A North American Industry Classification System code is a numbering system that identifies the type of products and/or services you provide. The NAICS Code for this position is 621399.

If you encounter difficulties registering in the CCR, contact the CCR Registration Assistance Centers at 1-888-227-2423. Normally, registration completed via the Internet is accomplished within 48 hours. Registration of an

applicant submitting an application through the mail or via facsimile may take up to 30 days. Therefore, you are encouraged to apply for registration immediately upon receipt of the Notice of Contracting Opportunity. Any contractor who is not registered in CCR will NOT get paid.

Upon notification of contract award, you will be required to obtain a physical examination at your expense. The physician must complete the questions in the physical certification, which will be provided with the contract. You will also be required to obtain the liability insurance specified in Attachment III, Pricing Information. Before commencing work under a Government contract, you must notify the Contracting Officer in writing that the required insurance has been obtained.

A complete, sample contract is available upon request.

Any questions must be directed to Ms. Joanne Keyser who may be reached at jmkeyser@us.med.navy.mil or by fax at (301) 619-6793.

We look forward to receiving your application.

ATTACHMENT 1

PERSONAL QUALIFICATIONS SHEET - PHARMACY TECHNICIAN

1. Every item on the Personal Qualifications Sheet must be addressed. Please sign and date where indicated. Any additional information required may be provided on a separate sheet of paper (indicate by number and section the question(s) to be addressed).

2. The information you provide will be used to determine your acceptability based on Section D. of the solicitation. In addition to the Personal Qualifications Sheet, please submit two letters of recommendation as described in Item VIII. of the Personal Qualifications Sheet.

3. After contract award, all of the information you provide will be verified during the credentialing process. At that time, you will be required to provide the following documentation verifying your qualifications: Professional Training Certification, Personal and Professional Information Sheet, continuing education certificates, and employment eligibility documentation. If you submit false information, your contract may be terminated for default. This action may initiate the suspension and debarment process, which could result in the determination that you are no longer eligible for future Government contracts.

4. Health Certification. Individuals providing services under Government contracts are required to undergo a physical exam 60 days prior to beginning work. The exam is not required prior to award but is required prior to the performance of services under contract. By signing this form, you have acknowledged this requirement.

5. Practice Information:

- | | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| 1. Have you ever been the subject of a malpractice claim?
(indicate final disposition of case in comments) | ___ | ___ |
| 2. Have you ever been a defendant in a felony or misdemeanor case?
(indicate final disposition of case in comments) | ___ | ___ |
| 3. Has your license or certification to practice ever been revoked or
restricted in any state? | ___ | ___ |

If any of the above is answered "yes" attach a detailed explanation. Specifically address the disposition of the claim or charges for numbers 1 and 2 above, and the State of the revocation for number 3 above.

PRIVACY ACT STATEMENT

Under 5 U.S.C. 552a and Executive Order 9397, the information provided on this page and the Personal Qualifications Sheet is requested for use in the consideration of a contract; disclosure of the information is voluntary; failure to provide information may result in the denial of the opportunity to enter into a contract.

_____	_____ (mm/dd/yy)
(Signature)	(Date)

V. Professional Employment: List your current and preceding employers. Provide dates as month/year.

Names and addresses of preceding employers

	<u>From</u>	<u>To</u>	<u>Position held</u>
(2)	_____		

	<u>From</u>	<u>To</u>	<u>Position held</u>
(3)	_____		

	<u>From</u>	<u>To</u>	<u>Position held</u>
(4)	_____		

Are you currently employed on a Navy contract? _____

If so, where is your current contract and what is the position? _____

VI. Knowledge of Pharmacy Computer Systems:

"I attest to the fact that I am experienced in the use of pharmacy computer systems."

(Check one) Yes ____ No ____

VII. Employment Eligibility:

Yes No

Do you meet the requirements for U.S. Employment

Eligibility contained in Section V? _____

VIII. Professional References:

Provide letters of recommendation from two practicing pharmacists or pharmacy supervisors attesting to your clinical skills. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Letters of reference must have been written within the preceding 5 years

IX. Additional Medical Certification, Degrees or Licensure:

Type of Certification, Degree or License and Date of Certification or Expiration

X. I hereby certify the above information to be true and accurate:

Signature _____

Date _____ (mm/dd/yy)

ATTACHMENT 2

PRICING SHEET

PERIOD OF PERFORMANCE

Services are required from 19 AUG 2002 through 30 SEP 2003 and the first option period. Five option periods will be included which will extend services through 18 AUG 2007, if required by the Government. The Contracting Officer reserves the right to adjust the start and end dates of performance to meet the actual contract start date.

PRICING INFORMATION

Insert the price per hour that you want the Navy to pay you. You may want to consider inflation rates when pricing the option periods. The Government will award a contract that is neither too high nor too low. Your price should be high enough to retain your services but not so high as to be out of line when compared to the salaries of other Pharmacy Technicians in the Okinawa area. The hourly price includes consideration for the following taxes and insurance that are required:

(a) Please note that if you are awarded a Government contract position, you will be responsible for paying all federal, state and, local taxes. The Navy does not withhold any taxes. Your proposed prices should include the amount you will pay in taxes.

(b) Before commencing work under a contract, you shall obtain the following required levels of insurance at your own expense: (a) General Liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence, and (b) Automobile Liability - Auto liability insurance written on the comprehensive form of policy. Provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage.

The price that you propose for the base period will be added to the proposed price for all option periods for the purpose of price evaluation.

<u>Line Item</u>	<u>Description</u>	<u>Quantity</u>	<u>Unit</u>	<u>Unit Price</u>	<u>Total Amount</u>
0001	The offeror agrees to perform, on behalf of the Government, the duties of one Pharmacy Technician for the Naval Hospital, Okinawa, Japan in accordance with this application and the resulting contract.				
0001AA	Base Period; 19 AUG 02 thru 30 SEP 02	248	Hour	_____	_____
0001AB	Option Period I; 01 OCT 02 thru 30 SEP 03	2088	Hour	_____	_____
0001AC	Option Period II; 01 OCT 03 thru 30 SEP 04	2096	Hour	_____	_____
0001AD	Option Period III; 01 OCT 04 thru 30 SEP 05	2088	Hour	_____	_____
0001AE	Option Period IV; 01 OCT 05 thru 30 SEP 06	2080	Hour	_____	_____
0001AF	Option Period V; 01 OCT 06 thru 18 AUG 07	1840	Hour	_____	_____

TOTAL FOR CONTRACT LINE ITEM 0001 \$ _____

Printed Name _____ DUNS # _____

Signature _____ Date _____

Email Address _____

JK-08-02

CLOSING DATE:

JULY 18, 2002

LISTS OF ACCEPTABLE DOCUMENTS – ATTACHMENT 3

SUBMIT ONE FROM LIST A

LIST A

Documents that Establish Both Identity and Employment Eligibility

1. U. S. Passport (unexpired or expired)
2. Certificate of U. S. Citizenship (INS Form N-560 or N-561)
3. Certificate of Naturalization (INS Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization.
5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
6. Unexpired Temporary Resident Card (INS Form I-688)
7. Unexpired Employment Authorization Card (INS Form I-688A)
8. Unexpired Reentry Permit (INS Form I-327)
9. Unexpired Refugee Travel Document (INS Form I-571)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-698B)

OR SUBMIT ONE FROM LIST B AND ONE FROM LIST C

LIST B

Documents that Establish Identity

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
2. ID card issued by federal, state or local government agencies of entitles provided it contains a photograph or information such as name, date of birth, sex height, eye color, and address
3. School ID card with a photograph
4. Voter's registration card
5. U.S. Military card or draft record
6. Military dependant's ID Card
7. U.S. Coast Guard Merchant Mariner Card
8. Native American tribal document
9. Driver's license issued by a Canadian government authority

For persons under age 18 who are unable to present a document listed above;

10. School record or report card
11. Clinic, doctor, or hospital record
12. Day-care or nursery school record

LIST C

Documents that Establish Employment Eligibility

1. U.S. social security card issued by the Social Security Administration (other than a card stating it is not valid for employment)
2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Native American Tribal document
5. U.S. Citizen ID Card (INS Form I-197)
6. ID Card for use of Resident Citizen in the United States (INS Form I-179)
7. Unexpired employment authorization document issued by the INS (other than those listed under List a).

**ATTACHMENT IV
CENTRAL CONTRACTOR REGISTRATION APPLICATION
CONFIRMATION SHEET**

As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving the Department of Defense (DoD) contract.

Registration through the World Wide Web is preferred. The Web address is <http://www.ccr2000.com/howto.html>. If you do not have internet access, please contact the CCR Registration Assistance Centers at 1-888-227-2423.

In order to register with the CCR you are required to obtain a DUNS number from Dun & Bradstreet. Please contact Dun & Bradstreet at 1-800-333-0505 to request a number or request the number via internet at <http://www.dnb.com/aboutdb/dunsform.htm>.

When you have done this, please include it with your application or mail or fax "**THIS COMPLETED CONFIRMATION SHEET**" to:

Naval Medical Logistics Command
ATTN: Code 02 (Joanne Keyser)
1681 Nelson Street
Fort Detrick, MD 21702-9203
FAX (301) 619-6793

Name: _____

Address: _____

Date CCR was submitted: _____

Assigned DUN & BRADSTREET #: _____

ATTACHMENT 5
SMALL BUSINESS PROGRAM REPRESENTATIONS

As stated in paragraph I.A. of this application this position is set-aside for individuals, as an individual you are considered a Small Business for statistical purposes. If you are female, you are considered a woman-owned small business. If you belong to one of the racial or ethnic groups in section B, you are considered a small disadvantaged business. To obtain further statistical information on Women-owned and Small Disadvantaged Businesses you are requested to provide the additional information requested below.

NOTE: This information will not be used in the selection process nor will any benefit be received by an individual based on the information provided.

Check as applicable:

Section A.

- () The offeror represents for general statistical purposes that it is a woman-owned small business concern.
- () The offeror represents, for general statistical purposes, that it is a small disadvantaged business concern as defined in 13 CFR 124.1002.

Section B

[*Complete if offeror represented itself as disadvantaged in this provision.*] The offeror shall check the category in which its ownership falls:

- ___ Black American.
- ___ Hispanic American.
- ___ Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians).
- ___ Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru).
- ___ Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal).

Quoter's Name: _____

Notice of Contracting Opportunity No.: JK-08-02